**The ONE & ONLY...One Stop Scheduling**

**Facilitators:** Koby Clements – Associate Director CHCQ; Barb Basnett – Data Analyst, CHCQ

**Team Members:** Larissa Davis, Rachel Pettig – Ellis Clinic Check Out PSR; Jeanette Linebaugh – Manager Ellis Clinic

**Ad Hoc Members:** Jennifer Woods, RN; Holly Vestal – Ellis Radiology PSR, Susan Zorsch – Manager Ellis Radiology; Angie Oliver - Service Coordinator

### Phase 1: FY 2014
### Phase 2: FY 2015

**Executive Sponsors:** Kay Davis - Director of Patient Revenue Cycle; David Parker - Senior Director Professional Services; Dr. Stevan Whitt – Chief Medical Officer

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**Strategic Alignment:** Quality, Patient Experience

**Background**

Ellis Check Out PSR’s noted an opportunity with check out process in the following areas:

- Number of phone calls to outside areas to schedule tests/consult appointments
- Inability to schedule certain services after external departments were closed for day
- Missing orders/orders not present time patient arrived to check out
- Wait time for patient at check out
- Time spent away from desk to clarify orders before patient leaves

Goal was to look at areas of improvement to decrease non value added steps by 25%, implementing first one stop scheduling for all services (to include hospital, ancillary, and UMHC clinics.)

**Plan**

- Baseline data concluded provider and order issues had high impact for improvement but required high effort. Team decided to redirect focus on interventions that could occur at the Patient Service Representative Level. (See baseline data below)

**Do**

- 40% of the time patients “checked out” at Ellis Clinic required PSR to call another area(s) to schedule exams with an average checkout mean of 5.6 minutes. Another 12% of visits required PSR to leave desk to ask for overbook permission or order clarification before patient could be scheduled.

**Study**

- Cross training efforts for Ellis PSR’s to schedule for the following services initiated:
  - UH Radiology services
  - Scheduling into other UMHC clinics

**Act**

- Post data demonstrated cross training efforts made by check out PSR’s were successful decreasing amount of calls to external areas from 40% to 9% allowing PSR’s to schedule 91% of all UMHC exams.

**Ellis Clinic Checkout Issues**

Data Collected April 17 – April 30, 2014

<table>
<thead>
<tr>
<th>Issues and Categories</th>
<th>Issue Counts</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Patient Depart Scheduling Needed</td>
<td>144</td>
<td>47.2%</td>
</tr>
<tr>
<td>Pl. Did Not Stop At Checkout</td>
<td>130</td>
<td>41.4%</td>
</tr>
<tr>
<td>Pl. Left Clinic After Business Hours</td>
<td>9</td>
<td>2.9%</td>
</tr>
<tr>
<td>Unable To Reach Department</td>
<td>5</td>
<td>1.6%</td>
</tr>
<tr>
<td>Order Issues</td>
<td></td>
<td>42.6%</td>
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<tr>
<td>Orders Not Placed</td>
<td>105</td>
<td>34.4%</td>
</tr>
<tr>
<td>Incorrect Order Communication</td>
<td>16</td>
<td>5.2%</td>
</tr>
<tr>
<td>Incorrect Order (New Ordered)</td>
<td>7</td>
<td>2.2%</td>
</tr>
<tr>
<td>Incorrect Order (New Order NOT Needed)</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td>Overbooks</td>
<td>26</td>
<td>8.5%</td>
</tr>
<tr>
<td>Need Overbook Permission</td>
<td>11</td>
<td>3.5%</td>
</tr>
<tr>
<td>New Internal Referral</td>
<td></td>
<td>1.4%</td>
</tr>
<tr>
<td>New Internal Referral Sched Current Day</td>
<td>3</td>
<td>0.5%</td>
</tr>
<tr>
<td>New Internal Referral Sched Next Day</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>305</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Pareto of Issues**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Phone Calls to outside areas to schedule tests/consult appointments</td>
<td>20</td>
</tr>
<tr>
<td>Inability to schedule certain services after external departments were closed for day</td>
<td>5</td>
</tr>
<tr>
<td>Missing orders/orders not present time patient arrived to check out</td>
<td>7</td>
</tr>
<tr>
<td>Wait time for patient at check out</td>
<td>4</td>
</tr>
<tr>
<td>Time spent away from desk to clarify orders before patient leaves</td>
<td>3</td>
</tr>
</tbody>
</table>

**Graphics / Data**

- Continue cross training additional services in Ellis Radiology
- Cross training Ellis Check Out PSR’s to schedule for Ambulatory Infusion services
- Re-allocation of Internal Ellis referrals to Check Out PSR’s
- Future discussion on scheduling for Breast Center axillary and breast ultrasounds

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**Ellis Checkout Solution 2x2**

**Key**

- Efficient PSR Skill Coverage to include patients who checked out after business hours.
- Allocate products to communicate with patient to stop at check out before leaving the desk.
- Nurse check patient for report in infectious disease.
- Reassess check patient for report in infectious disease.
- Normalize the 40% check out process for tertiary services.
- Process orders if patient is not ready for procedures.
- Cross training PSR’s to schedule procedures.
- Efficient PSR Skill Coverage to include patients who checked out after business hours.
- Use check out order clarification tool for patient to save the desk.

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